



INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) PHYSICIAN SUMMARY



Child's Name:	
Date of Birth:	IFSP Date:
If you have any questions, please call:	
Service Coordinator Name:	
Telephone:	FAX:
Social/Emotional Skills	Present Level of Functioning:
	Outcome(s):
	Recommended Intervention (Type, Frequency, Intensity)
	<div>Provider:</div> <div>Telephone:</div>
Cognitive Skills	Present Level of Functioning:
	Outcome(s):
	Recommended Intervention (Type, Frequency, Intensity)
	<div>Provider:</div> <div>Telephone:</div>
Communication Skills	Present Level of Functioning:
	Outcome(s):
	Recommended Intervention (Type, Frequency, Intensity)
	<div>Provider:</div> <div>Telephone:</div>

Gross Motor Skills	Present Level of Functioning:	
	Outcome(s):	
	Recommended Intervention (Type, Frequency, Intensity)	
	Provider:	Telephone:
Fine Motor Skills	Present Level of Functioning:	
	Outcome(s):	
	Recommended Intervention (Type, Frequency, Intensity)	
	Provider:	Telephone:
Vision/Hearing Skills	Present Level of Functioning:	
	Outcome(s):	
	Recommended Intervention (Type, Frequency, Intensity)	
	Provider:	Telephone:
Other Areas	Present Level of Functioning:	
	Outcome(s):	
	Recommended Intervention (Type, Frequency, Intensity)	
	Provider:	Telephone:
COMMENT:		



INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
PHYSICIAN SUMMARY
INSTRUCTIONS



This form is to be completed by the Intake/Service Coordinator when a new IFSP is developed, or when there are changes to the IFSP for an individual child. It is intended to provide a concise IFSP update for the child's medical care providers, as well as specialty providers. The information in this Summary is to be based upon the IFSP and other source documents, and should be clearly legible, concise, factual and informative. This Summary should be completed as soon as possible following the IFSP meeting and sent to the family and the child's medical care provider(s). This Summary may also be sent to other providers as requested by the family.

This Summary is meant to take the place of reproducing and sending the IFSP unnecessarily. As always, it is important to make sure that the child's medical care providers are fully informed which may mean that some of these individuals will want to receive a copy of the full IFSP. In this instance, it is not then necessary to also prepare and send a Physician Summary to that individual.

Child's Name:

Date of Birth:

IFSP Date:

If you have any questions, please call:

Service Coordinator Name:

Telephone:

FAX:

Skill Area	Present Level of Functioning: <i>The Service Coordinator should review the Eligibility Determination documentation as well as the Statement of Performance from the IFSP in developing a brief, positively oriented statement describing the child's current level of functioning in all developmental domains.</i>	
	Outcome(s): <i>If there is an Outcome(s) related to a specific skill area, it should be recorded here.</i>	
	Recommended Intervention (Type, Frequency, Intensity) <i>If there is a service(s) related to this skill area as a result of an Outcome, please list the service with the frequency, intensity and other important information in this Section.</i>	
	Provider: NAME of the Provider	Telephone: Provider Telephone Number

COMMENT:

Provide additional information as needed.